

Independent Contractor

Contractor Name: _____ **Date:** _____

In compliance with Federal and State equal employment opportunity laws, qualified candidates are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

To be Read and Signed by Independent Contractor

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, carriers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers or carriers may be used, and those carriers / employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (3). I understand I have the right to:

- Review information provided by previous carriers and/or employers;
- Have errors in the information corrected by previous carriers and/or employers and for those previous carriers / employers to re-send the corrected information to the prospective carrier; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous carrier(s) or employer(s) and I cannot agree on the accuracy of the information.

Applicant Signature: _____ **Date:** _____

Independent Contractor Form

Name: _____
Last First Middle

Federal ID #: _____

Corporation DBA Partnership Sole Proprietor

Social Security #: _____

Home Telephone #: _____

Cell Telephone #: _____

List your addresses of residence for the past 3-years; list current address first:

Street City State & Zip Code How long?

Street City State & Zip Code How long?

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Street City State & Zip Code How long?

Do you have the legal right to work in the United States? Yes No

Have you been convicted of a felony within the last 7-years? Yes No

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.

Date of Birth: _____ Can you provide proof of age: Yes No
Required for Commercial Drivers

Have you worked for this Company before? Yes No Dates: _____

Reason for leaving? _____

Are you Currently Employed? Yes No
If not, how long since leaving your last employment? _____

Who referred you? _____

Is there any reason you might be unable to perform the functions of a commercial driver (tractor trailer)? Yes No
If yes, explain if you wish: _____

Previous Motor Carrier History

All Independent Contractors, in order to drive interstate commerce, must provide the following information on all carriers during the preceding 3-years. List complete mailing address including street number, city, state and zip code. To drive a commercial motor vehicle in intrastate or interstate commerce, Independent Contractors must also provide an additional 7-years information on those carriers for whom the Contractor operated such a vehicle.

Note: List carriers in reverse order starting with the most recent; add another sheet if necessary.

Carrier:	_____		
Address:	_____		

Contract From:	_____	To: _____	Pay Rate: _____
Position Held:	_____		
Contact Person / Phone Number:	_____		
Reason for Leaving:	_____		
Were you subject to the FMCSR while employed in this position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Carrier:	_____		
Address:	_____		

Contract From:	_____	To: _____	Pay Rate: _____
Position Held:	_____		
Contact Person / Phone Number:	_____		
Reason for Leaving:	_____		
Were you subject to the FMCSR while employed in this position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Carrier:	_____		
Address:	_____		

Contract From:	_____	To: _____	Pay Rate: _____
Position Held:	_____		
Contact Person / Phone Number:	_____		
Reason for Leaving:	_____		
Were you subject to the FMCSR while employed in this position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Carrier: _____
 Address: _____

 Contract From: _____ To: _____ Pay Rate: _____
 Position Held: _____
 Contact Person / Phone Number: _____
 Reason for Leaving: _____

Were you subject to the FMCSR while employed in this position? Yes No
 Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Carrier: _____
 Address: _____

 Contract From: _____ To: _____ Pay Rate: _____
 Position Held: _____
 Contact Person / Phone Number: _____
 Reason for Leaving: _____

Were you subject to the FMCSR while employed in this position? Yes No
 Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Carrier: _____
 Address: _____

 Contract From: _____ To: _____ Pay Rate: _____
 Position Held: _____
 Contact Person / Phone Number: _____
 Reason for Leaving: _____

Were you subject to the FMCSR while employed in this position? Yes No
 Was your job designated as a safety-sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Accident Record for Past 3-Years or More (attach additional sheet if more space is needed). If none, please write NONE.

Date	Nature of Accident	Fatalities?	Injuries?
Last Accident: _____			
Next Previous: _____			
Next Previous: _____			

Traffic Convictions and Forfeitures for the past 3-years (other than parking violations): If none, please write NONE.

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Experience and Qualifications: List all driver licenses or permits held in the past 3-years.

State	License #	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either question above is YES, please give details.

Class of Equipment: Tractor & Semi-Trailer Tractor & 2 Trailers
 Van Reefer Flat Bed Tank Other _____

List states operated in for last five (5) years: _____

List special courses or training that will help you as a driver: _____



33 Cady Hill Blvd. Saratoga Springs, NY 12866
Telephone 518-587-3700 • Fax 518-580-0073
www.saratogawarehouse.com

Fair Credit Reporting Act: Disclosure / Authorization

In accordance with the provisions of section 604(b)(2)(A) of the Fair Credit Reporting Act (FCRA) (Title II, Subtitle D, Chapter I, Public Law 104-208), you are hereby informed that a consumer report about you may be ordered and used for employment Purposes. Under the provisions of the Act, a driving record is considered a consumer report when used for employment purposes.

I, the undersigned, acknowledge receipt of the above disclosure and authorize the above-named company to obtain a consumer report about me for its use related to employment purposes.

Signature: _____

Print Name: _____

Date: _____

Pre-Employment Urinalysis Notification

The Federal Motor Carrier Safety Regulations, Section 382.031 pre-employment testing requirements, apply to driver-applicants of this company.

§382.301 Pre-employment Testing Requirements

- a) A motor carrier shall require a driver-applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a pre-qualification condition.
- b) A driver-applicant shall submit to controlled substance testing as a pre-qualification condition.
- c) Prior to collection of urine sample under §382.301 of this sub-part, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for controlled substance based on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive tests will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis notification.

Applicant's Name (Print): _____

Applicant's Signature: _____

Date: _____

Witnessed by: _____
Company Representative

Date: _____

Logistics One Transport, Inc.

33 Cady Hill Boulevard / Saratoga Springs, NY 12866
Telephone #518-587-3700 Fax #518-886-0651

Previous Employer: _____

Driver Name: _____ SS #: _____

Position Applied For at Logistics One Transport, Inc.: CDL-A / Tractor Trailer Driver

Prior Position with Your Company: _____

Dates of Employment: From _____ to _____

Reason for Leaving: Resigned Discharged Laid-Off

Did S/He Drive a Motor Vehicle For You? Yes No
 Tractor Trailer Straight Truck Tanker Van Doubles
 OTR Regional Local Yard

Length of Trailer: 48-foot 53-foot Other

Accidents: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3-years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	# of Injuries	# of Fatalities	Details

Drug & Alcohol History: If driver was not subject to Department of Transportation testing requirements while employed with you, please check here . If driver was subject to DOT testing requirements, please complete the following:

- Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
- Has this person had a verified positive drug test? Yes No
- Has this person refused to be tested (including verified adulterated or substituted drug test results)? Yes No
- Has this person committed other violations of DOT agency drug and alcohol testing regulations? Yes No
- If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-work duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) Yes No

In answering these questions, include any drug or alcohol testing information obtained from previous employers under 40.25 or other applicable DOT agency regulations.

Name: _____
Company: _____
Street / City / State: _____

Preparer's Signature: _____ Print Last Name: _____

Department: _____ Date: _____

I hereby authorize you to release the requested information to **Logistics One Transport, Inc.**, for the purpose of investigation as required by §391.23 and allowed by §383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date: _____ Applicant's Signature: _____

Certification of Compliance With CDL Requirements

Motor Carrier Instructions: The requirements in Part 383 apply to every Independent Contractor in intrastate, interstate or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15-people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every operator who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15-people, or transports hazardous materials that require placarding.

Independent Contractor Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you, as an Independent Contractor, must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle operator, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify the carrier the **next business day** of any revocation or suspension of your commercial license. In addition, §383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to the motor carrier and the state that issued your license within 30-days.

Independent Contractor Certification: I certify that I have read and understood the above requirements. The following license is the only one I will possess:

CDL Number: _____ State: _____ Expiration Date: _____

Independent Contractor Signature:

_____ Date: _____

DRIVER STATEMENT OF ON-DUTY HOURS

INSTRUCTIONS: Motor Carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved for duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations.

NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print): _____

Social Security Number: _____

Driver's License: State _____ Number _____ Class _____
 Endorsement(s) _____ Restriction(s) _____

Type of License _____ Issuing State _____

	1	2	3	4	5	6	7	
Day	(Yesterday)							
Date								
Hours Worked								Total Hours

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

_____ (AM / PM) On _____
 Time Day Month Year

 Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers or carriers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer / carrier: (check one)
 Yes No

At this time do you intend to work for another carrier while contracting with this company? Yes No

I hereby certify that the information given above is true and I understand that once I become an Independent Contractor with this company, if I begin working for any additional employer or carrier for compensation that I must inform this company immediately of such activity.

 Drivers Signature Date

Witness: _____
 Company Representative Date

NEW YORK CORRECTION LAW

ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

§750. **Definitions.** For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. **Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. **Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses,

unless: (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. **Factors to be considered concerning a previous criminal conviction; presumption.** 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
 - (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
 - (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
 - (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
 - (e) The age of the person at the time of occurrence of the criminal offense or offenses.
 - (f) The seriousness of the offense or offenses.
 - (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
 - (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.
2. In making a determination pursuant to section 752 of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. **Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. **Enforcement.** 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.
2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

Received Copy:

Applicant Signature

Date: _____

Print Name: _____

**IMPORTANT NOTICE REGARDING
BACKGROUND REPORTS FROM THE
PSP Online service**

In connection with your application for employment with Logistics One Transport, Inc. ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Logistics One Transport, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)